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SUBJ/POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) AND ELECTRONIC
/SUBMISSION OF DEPLOYMENT HEALTH ASSESSMENTS (EDHA)//

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REF/B/DOC/CJCS MEMO/01FEB2002//
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NARR/REF A IS ASD(HA) POLICY MEMO FOR PDHRA. REF B IS JOINT STAFF
MEMO ON PROCEDURES FOR DEPLOYMENT HEALTH SURVEILLANCE AND READINESS.
REF C IS USD(P&R) MEMO ON ENHANCED POST-DEPLOYMENT HEALTH
ASSESSMENTS (PDHA). REF D IS ASN(M&RA) MEMO ON PDHRA IMPLEMENTATION
PLAN. REF E IS DOD INSTRUCTION ON IMPLEMENTATION AND APPLICATION OF
JOINT MEDICAL SURVEILLANCE FOR DEPLOYMENTS. REF F IS CNO GUIDANCE
FOR ENHANCED POST-DEPLOYMENT PDHA. REF G IS THE SECNAV INSTRUCTION
ADDRESSING MANAGEMENT AND DISPOSITION OF INCAPACITATION AND
INCAPACITATION BENEFITS FOR MEMBERS OF NAVY AND MARINE CORPS RESERVE
COMPONENTS. REF H IS ASD(HA) POLICY MEMO FOR DEPLOYMENT HEALTH
ASSESSMENT QUALITY ASSURANCE PROGRAM (DHAQA). REF I IS ASD(HA) MEMO
DEFINING REPORTING ELEMENTS AND FREQUENCY FOR DHAQA PROGRAM. REF J
IS MEDICAL GUIDANCE FOR ENHANCED PDHA.//
POC/AMY LINDBERG/CDR/CNO/LOC:WASHINGTON DC/TEL:(202) 762-3059
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RMKS/1. PURPOSE. REF A DIRECTED THE SERVICE SECRETARIES TO ESTABLISH
IMPLEMENTATION PLANS FOR PDHRA, THREE TO SIX MONTHS POST-DEPLOYMENT,
WITH A FOCUS TO CREATE AN OPPORTUNITY FOR A MEMBER TO REQUEST MENTAL
HEALTH SERVICES. THIS MESSAGE PROVIDES THE NAVY IMPLEMENTATION PLAN,
MANDATES THE USE OF DD FORM 2900, AND DESCRIBES NEW ELECTRONIC
METHODS FOR COMPLETION DEVELOPED BY THE NAVY ENVIRONMENTAL HEALTH
CENTER (NEHC). THIS MESSAGE ALSO ESTABLISHES THE REQUIREMENT FOR
ELECTRONIC SUBMISSION OF ALL DEPLOYMENT HEALTH ASSESSMENTS (DD2795,
DD2796 AND DD2900).

2. BACKGROUND. DEPLOYMENT HEALTH AND READINESS, ALONG WITH THE
REPORTING REQUIREMENTS ESTABLISHED BY REFERENCES A THROUGH I, ARE
THE COMMANDER'S RESPONSIBILITY.

A. ELIGIBILITY. PER REFS A, B, C, AND E, ALL ACTIVE COMPONENT (AC)
AND RESERVE COMPONENT (RC) MILITARY PERSONNEL DEPLOYING UNDER ANY OF
THE FOLLOWING CIRCUMSTANCES MUST COMPLETE PRE- AND POST-DEPLOYMENT

HEALTH ASSESSMENTS AS WELL AS THE PDHRA:

(1) TROOP MOVEMENT RESULTING FROM A JCS/COMBATANT COMMAND DEPLOYMENT ORDER.

(2) LAND-BASED OPERATIONS FOR 30 CONTINUOUS DAYS OR MORE OUTSIDE CONUS TO A LOCATION WITHOUT A FIXED MILITARY TREATMENT FACILITY (MTF).

(3) PERSONNEL CALLED TO ACTIVE DUTY FOR 30 DAYS OR MORE IN SUPPORT OF A NAMED CONTINGENCY AT A LOCATION NOT SERVICED BY A FIXED MTF.

(4) PERSONNEL ABOARD SURFACE SHIPS FOR 30 CONTINUOUS DAYS OR MORE IN DIRECT SUPPORT OF OPERATIONS IRAQI FREEDOM AND ENDURING FREEDOM.

(5) OTHER DEPLOYMENTS/EXERCISES AS DIRECTED BY THE DEPLOYING AUTHORITY.

B. NOTIFICATION. ALL MILITARY PERSONNEL WHO ARE ELIGIBLE WILL BE BRIEFED ON THE REQUIREMENTS TO COMPLETE THE DD2795, DD2796, AND DD2900 AS WELL AS TO IDENTIFY AND ADDRESS DEPLOYMENT HEALTH, INCLUDING MENTAL HEALTH, CONCERNS. FOR THE PDHRA ONLY: UNIT COMMANDERS ARE RESPONSIBLE FOR NOTIFICATION OF THOSE WHO RETURNED FROM DEPLOYMENT ON OR AFTER 20 MARCH 2004; REF D PROVIDES GUIDANCE FOR NOTIFICATION OF THOSE WHO RETURNED BETWEEN SEPTEMBER 11, 2001 AND MARCH 19, 2004.

3. IMPLEMENTATION PROCEDURES. COMMANDERS WILL ENSURE THAT MEMBERS COMPLETE THE DD2795 WITHIN 30 DAYS PRIOR TO DEPLOYMENT, THE DD2796 WITHIN 30 DAYS OF RETURNING FROM DEPLOYMENT AND THE DD2900 BETWEEN 90 AND 180 DAYS POST-DEPLOYMENT.

A. IDENTIFICATION AND NOTIFICATION. EACH COMMAND SHALL IDENTIFY ELIGIBLE MEMBERS AND DIRECT COMPLETION OF THE APPROPRIATE ELECTRONIC DEPLOYMENT HEALTH ASSESSMENT (EDHA). DEMOGRAPHIC INFORMATION IS MANDATORY. DISCLOSURE OF PERSONAL HEALTH INFORMATION IS HIGHLY ENCOURAGED TO FACILITATE NECESSARY TREATMENT. ONCE THE MEMBER PORTION OF THE SCREENING HAS BEEN COMPLETED, A PRIVILEGED PROVIDER WILL REVIEW IT WITH THE MEMBER, DISCUSS ANY MEMBER CONCERNS, AND COMPLETE THE PROVIDER SECTION.

(1) AC UNIT COMMANDERS WILL IDENTIFY UNIT MEMBERS REQUIRED TO COMPLETE THE EDHA. UNITS WILL ENSURE THAT COMMAND ORIENTATION INCLUDES EDHA INFORMATION AND THAT MEDICAL RECORDS OF NEWLY REPORTING PERSONNEL ARE SCREENED TO DETERMINE ELIGIBILITY FOR COMPLETING THE EDHA.

(2) RC MEMBERS WILL RECEIVE INFORMATION ON THE EDHA DURING THE MOBILIZATION/DEMOBILIZATION PROCESS AT THE NAVY MOBILIZATION PROCESSING SITE (NMPS) AND/OR UPON CHECK-IN AT THE NAVY OPERATIONAL SUPPORT CENTER (NOSC).

(3) MEMBERS WHO HAVE SEPARATED, RETIRED OR TRANSFERRED TO THE INDIVIDUAL READY RESERVE WILL BE CONTACTED BY THE PDHRA CALL CENTER OR ALTERNATIVE MEANS.

4. SCREENING.

A. AC MEMBERS. UNIT COMMANDERS WILL SELECT THE BEST METHOD FOR DOCUMENTING THE EDHA FROM THE OPTIONS LISTED BELOW. EACH UNIT WILL IDENTIFY ONE PRIMARY LOCAL ADMINISTRATOR AND ONE ALTERNATE AND PROVIDE THEIR NAMES TO NEHC FOR TRAINING, DOCUMENTATION OF TRAINING, AND THE ESTABLISHMENT OF APPROPRIATE ACCESS PRIVILEGES.

(1) ONLINE ELECTRONIC FORMS. THE NEHC ELECTRONIC PPDHA AND PDHRA ARE THE PREFERRED METHODS FOR COMPLETING THE DD2795, DD2796 AND DD2900 AND CAN BE ACCESSED VIA THE INTERNET AT [HTTPS://WWW-NEHC.MED.NAVY.MIL/EDHA](https://www-nehc.med.navy.mil/EDHA).

(2) MICROSOFT ACCESS DATABASE APPLICATION FOR LOCAL HARD DRIVE OR LAN. UNITS WITH LIMITED INTERNET CONNECTIVITY MAY REQUEST THIS PACKAGE ON COMPACT DISK FROM NEHC OR DOWNLOAD DIRECTLY FROM [HTTPS://WWW-NEHC.MED.NAVY.MIL/POSTDEP/TOOLS.HTM](https://www-nehc.med.navy.mil/POSTDEP/TOOLS.HTM).

(3) SCANNABLE DD2795, DD2796 OR DD2900. SCANNABLE EDHAS MAY BE USED WHEN ELECTRONIC OPTIONS ARE NOT FEASIBLE. NO OTHER PAPER FORMS ARE ACCEPTABLE. CONTACT NEHC DIRECTLY TO DISCUSS UTILIZATION OF THIS METHOD.

B. RC MEMBERS. RC COMMANDERS WILL IDENTIFY MEMBERS WHO REQUIRE COMPLETION OF THE EDHA AND DIRECT THE PREFERRED METHOD FOR SUBMISSION. IN ADDITION TO THE ELECTRONIC MEANS DESCRIBED ABOVE, RC MEMBERS HAVE 2 ADDITIONAL OPTIONS FOR COMPLETING THE PDHRA (DD2900 ONLY): PDHRA CALL CENTER AND PDHRA SITE VISITS (FOR 50 MEMBERS OR MORE). THE DEMOBILIZATION DATABASE WILL BE UTILIZED FOR POPULATING CALL CENTER ROSTERS. RC UNITS SHOULD COORDINATE THEIR REQUIREMENTS DIRECTLY WITH THE DOD POINT OF CONTACT, MR. JERRY FUSHIANES AT 1-888-PDHRA-99 X 546; OR E-MAIL AT JFUSHIANES@LOGISTICSHEALTH.COM.

C. A PAPER COPY OF THE DD2795, DD2796 AND DD2900 MUST BE PRINTED AND FILED IN THE MEMBER'S MEDICAL RECORD FOR ALL ACTIVE AND RESERVE COMPONENT MEMBERS. IDEALLY, AN ELECTRONIC COPY OF THE FORM WILL BE FILED IN THE MEMBERS ELECTRONIC HEALTH RECORD.

D. THE NEHC POC FOR ALL FORMS AND ELECTRONIC EDHA ISSUES IS MR. AZAD AL-KOSHNAW, AT: 757-953-0938/ DSN 377-0938; OR E-MAIL AT EDHA@NEHC.MAR.MED.NAVY.MIL.

5. REFERRALS. ALL MEMBERS (AC, RC, RETIRING, AND/OR SEPARATING) WHO REQUIRE FURTHER CLINICAL ASSESSMENT WILL BE REFERRED FOR MEDICAL OR BEHAVIORAL HEALTH EVALUATION IN ACCORDANCE WITH CURRENT DIRECTIVES. IF THE RC MEMBER REQUIRES A REFERRAL FROM THE PDHRA TO ESTABLISH A DIAGNOSIS AND DETERMINE SERVICE CONNECTION, THE MEDICAL DEPARTMENT REPRESENTATIVE (MDR) SHALL INDICATE "PDHRA" IN THE INJURY CATEGORY IN THE MEDICAL READINESS REPORTING SYSTEM (MRRS) AND ON THE MILITARY MEDICAL SUPPORT OFFICE (MMSO) COVER SHEET IN "DIAGNOSIS". IF SERVICE CONNECTION IS ESTABLISHED, THE MDR WILL MANAGE THE REFERRAL PER REF G.

6. TRAINING. NEHC WILL OFFER TELEPHONE SUPPORT AND ONGOING WEBCAST TRAINING FOR LOCAL ADMINISTRATORS. CLINICAL GUIDELINES AND TRAINING MATERIALS ARE AVAILABLE AT [HTTPS://WWW-NEHC.MED.NAVY.MIL](https://www-nehc.med.navy.mil). WEBCAST TRAINING SESSIONS WITH MENTAL HEALTH SUBJECT MATTER EXPERTS WILL BE POSTED ON THE NEHC WEBSITE AND AVAILABLE THROUGH THE EDHA PROGRAM OFFICE AT EDHA@NEHC.MAR.MED.NAVY.MIL.

7. MONITORING AND QUALITY ASSURANCE. UNITS WILL ADHERE TO THE QUALITY ASSURANCE GUIDELINES SPECIFIED IN REFERENCES H AND I. PROCESS IMPROVEMENTS AND LESSONS LEARNED CAN BE SUBMITTED VIA THE EDHA CONFIGURATION CONTROL BOARD POC: DR CHRIS RENNIX, 757-953-0955/DSN 377-0955; CPRENNIX@MAR.MED.NAVY.MIL.

8. ADDITIONAL GUIDANCE. THE PROVISIONS OF THIS MESSAGE SHALL NOT BE CONSTRUED AS CONTRADICTING EXISTING LAWS, REGULATIONS, OR POLICIES REGARDING PATIENT CONFIDENTIALITY, LINE OF DUTY DETERMINATIONS OR ELIGIBILITY FOR GOVERNMENT-SPONSORED HEALTH OR DISABILITY BENEFITS. THE EDHA DOES NOT INITIATE MEDICAL TREATMENT. ALL INDICATED MEDICAL CONSULTATIONS OR REFERRALS MUST BE GENERATED IN THE USUAL MANNER BY THE UNIT MEDICAL DEPARTMENT REPRESENTATIVE.

9. RELEASED BY VADM A. E. RONDEAU, DIRECTOR, NAVY STAFF.//

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